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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Copper Hill County Gila No. _____ St. _____
(Registration District)SEX OF CHILD* Twin } and } Number
Male Triplet } in order
or other? } of birthDATE OF BIRTH* March 31 1922
(Month) (Day) (Year)FULL* FATHER
NAME Ignacio RuizFULL* MOTHER
MAIDEN NAME Hilaria ApodacaI HEREBY CERTIFY that the child described herein
has been namedDANIEL RUIZ

(Give name in full)

(Surname)

(Parent's Signature)

Hilaria Ruiz
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 1-45

499-331-811

MARGIN RESERVED FOR BINDING
USE PERMANENT INK